

# STATUS OF YOUNG WOMEN IN MICHIGAN

Spring 2009

This overview of the status of Michigan's young women defines "young women" as females ages 10 to 19. Overall, the status of Michigan's young women is similar to all U.S. young women. In health, Michigan's young women are more overweight yet exercise more per week, drink and smoke about the same, and have less sex in high school yet have a higher pregnancy rate when compared to all U.S. young women. In education, Michigan's young women are doing better in reading and English, doing worse in science and math, and graduating from high school and attending college in higher numbers when compared to Michigan young men of the same age. Data comes from national, state and non-profit sources. The Michigan Women's Commission hopes this information helps policy makers, community members, parents and young women in discussing matters affecting young women's lives.

## GENERAL INFORMATION

### Demographics

Based on 2007 census data, 1,452,086 young people between the ages 10-19 live in Michigan, over 10% of Michigan's population. Forty-nine percent of these young people, or 707,565, are female.

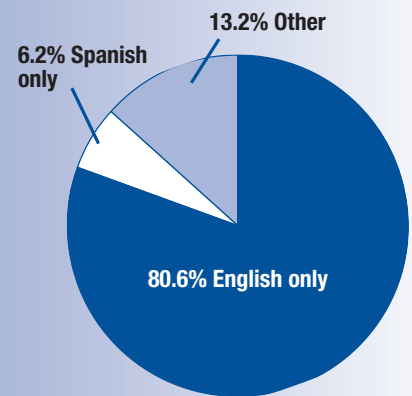
### Family Structure

Sixty one percent (433,536) of Michigan young women between the ages of 10-19 live in a family headed by a married couple. Both husband and wife are in the labor force in 66.5% or 288,686 of these families. Thirty one percent of young women, or 222,202, live in families with a single householder (an adult who lives in the house). Of single householder families, 179,718, or 88%, were headed by a female. In 2007, 2,483 (6.8/1000) Michigan females under 20 were married compared to 953 (2.5/1000 males)

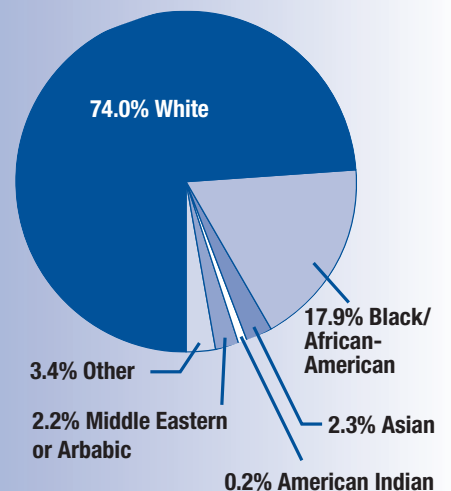
### Poverty

According to the 2007 American Community Survey, nationally, the median household income for a family of two adults and 2 children in 2007 was \$50,700 and the poverty rate was 13%. Michigan's poverty rate was 14% and was the only state where the poverty rate increased in 2007. The median household income in 2007 in Michigan was \$47,950. The 2007 poverty threshold for a Michigan family of two adults and two children is \$21,027; for a single parent with two children, \$16,705. According to 2007 estimates, these counties had the highest percentage of families with incomes below the poverty threshold: Lake (33.1), Wayne (29.6), Roscommon (28.6), Clare (28.5) and Oscoda (27.3). Livingston had the lowest percentage (5.0), followed by Clinton (6.5) and Ottawa (7.0). Additionally, Detroit had the highest poverty rate, (33.8%) among the nation's large cities. There is no age or gender specific data related to the families with young women. However, according to Kids Count, in 2006, 38% of Michigan's children lived in low-income families, below 200% of poverty, compared to 40% nationally.

Young Women who said their household language was:



Young Women who said their race was:



### **Unintentional Injury and Violence**

Unintentional injuries are the leading cause of death for Michigan children ages 1-14. Motor vehicle crashes accounted for almost half (44.4%) of these deaths. Lack of use of seat restraints and education about appropriate use of seat restraints has a significant impact on the number of deaths in motor vehicle crashes. The YRBS indicates that 6.2% of high school females never wore a seat belt when riding in a car driven by someone else. Additionally, 92.3% reported that they rarely or never wore a bicycle helmet.

Over 30% of high school females reported that they were in a physical fight one or more times in the 12 months before the YRBS survey. Three percent reported a physical fight in which they were injured seriously enough to require medical treatment. Twelve percent of Michigan females reported in the YRBS that they were hit, slapped, or physically hurt by boyfriend or girlfriend in the prior 12 months, compared to 9% nationally.

The National Initiative to Improve Adolescent Health by the Year 2010 identifies key health outcomes for adolescents: reduction of chronic disease risks, reduced substance use, reduction of deaths by unintentional injury and violence, and improved mental health. The Youth Risk Behavior Study (YRBS) 2007, a survey with national and state data for high school youth, monitors health risk behaviors related to these outcomes

### **Weight and Diet**

Overweight children are more likely to become obese adults, at risk of high cholesterol, diabetes, osteoarthritis and stroke. According to the YRBS, 15.6% of Michigan high school females are overweight (compared to 9.6% nationally) defined as being 85% to 95% of appropriate Body Mass Index (BMI) for age and height. However, 34.8% described themselves as overweight. Sixty percent report that they are on a weight-reduction diet. Only 11% of high school females report that they ate fruits and vegetables at least five times a day in the preceding week. Over half of high school females report that they are on a diet, and 8.1% of females report that they vomited or took laxatives to lose weight.

### **Physical Activity and Rest**

Regular physical activity reduces the risk of colon cancer, hypertension, heart disease and diabetes and osteoporosis. Experts recommend 60 minutes of physical exercise at least five days a week. Thirty five percent of Michigan high school females, compared to 26% nationally, met these recommended levels, according to YRBS. On an average school day, 18.2% of high school females played video/ computer games or used a computer for something that was not school work for three or more hours. The Michigan High School Athletic Association reported in the 2006-07 school year that 131,500 females took part in high school sports, which is 42% of all students. YRBS noted thirty percent of high school females reported that they watched TV three or more hours per day. Seventy one percent reported not getting eight hours of sleep.

### **Smoking**

Ninety percent of adult smokers in Michigan began smoking before age 18. In Michigan, 18% of high school females smoked on one or more of the past 30 days (compared to 18.7% for nationally). Approximately 9% of Michigan females smoked more than ten cigarettes on the days they smoked, compared to approximately 7% nationally. Smoking puts them at significant risk of continued tobacco use and possible lung cancer. Lung cancer is the leading cause of cancer-related death for Michigan women. Elimination of tobacco use and exposure to second-hand smoke helps prevent lung cancer.

### **Substance Abuse**

According to the Michigan Department of Community Health, young people who begin drinking before age 15 are four times more likely to develop alcoholism than those who begin drinking at 21. The YRBS indicates that 42.8% of high school females used alcohol, at least one drink, during the 30 days before the survey (compared to 44.6% nationally); 21.4% of high school females drank alcohol for the first time under age 13; 27.6% reported that they rode with a driver who had been drinking alcohol; and 9.1% reported that they drove while drinking alcohol.

Eighteen percent of high school females report having used marijuana one or more times in the 30 days before the YRBS survey (compared to 17% nationally). Twelve percent report inhalant use (during their lifetime) and 6.8% report use of cocaine in any form (in their lifetime).

### **Mental Health**

In Michigan, fiscal year 2007, 20,165 children ages 13-17 with a mental illness were served by the state's public mental health system, twelve percent of the total number

## ***Juvenile Justice***

In 2006, Michigan's rate of detained and committed youth, ages 10-15, in custody was 137 per 100,000. This was higher than the national rate of 125 per 100,000. The estimated daily count of Michigan detained and committed youth in custody in 2006 was 2,760, 66% were in custody for non-violent crimes. 2006 Michigan data shows that 8,332 males (ages 11-16) and 2,830 females were arrested for index crimes (murder, rape, robbery, aggravated assault, burglary, larceny, motor vehicle theft and arson). In 2006, 2,031 males and 507 females (ages 13-17) were in residential placement. Thirty percent of these females were charged with status offenses (running away, truancy, incorrigibility, curfew violation and underage drinking) versus 11% of the males.

of consumers served. National survey data for 2005-2006 about use of mental health services by children ages 4-17 indicates 8.3 million children, or approximately 14.5%, had parents who had talked to a health care provider or school staff about the child's emotional and behavioral difficulties. According to the YRBS, almost 12% of females reported that they had attempted suicide one or more times in the previous 12 months (compared to 9.3% nationally); 3.2 % of females reported a suicide attempt that resulted in an injury, poisoning, or an overdose that had to be treated by a doctor or nurse in the previous twelve months (compared to 2.4% nationally).

## ***Insurance***

According to the Michigan Department of Community Health, in 2006, 4.7% of Michigan's children, under 18 years of age, were uninsured. Almost two-thirds of the uninsured live in households with an income of less than 150-200% of the poverty level. The state children's insurance program, MICHild, provides health insurance to children of low and moderate income families (defined as up to 200% of poverty level) up to age 18. Michigan's Medicaid program, Healthy Kids, covers children whose family income is below 150% of poverty level. Michigan children are two and a half times less likely to be uninsured than other children throughout the United States. In the U.S, 11% of children were without health insurance in 2005.

# **REPRODUCTIVE HEALTH**

## ***Adolescent Sexual Behavior***

According to the YRBS, Michigan students in grades nine through 12 have sexual behaviors that are reflective of national results. Thirty percent of all Michigan high school students reported being currently sexually active compared to 35% nationally. In Michigan, 41% of all high school females reported ever having had sexual intercourse compared to almost 46% nationally. Also, it is important to note that the average age of menarche among U.S. females has declined steadily and now stands at 12.6 years of age.

## ***Teen Pregnancy and Births***

The pregnancy rate for Michigan females aged 15-19 years of age in 2006 was 54 per 1,000, compared to 87.4 for Michigan females 15-44 years of age. In addition, the Michigan Department of Community Health estimates that there were 2,908 miscarriages for females 15-19 in 2006. Nationally, the teen pregnancy rate for those 15-17 years dropped steeply, by 46% from 77.1 per 1,000 in 1990 to 41.5 in 2004 (the most recent data available).

Overall, fewer babies were born in Michigan in 2006, 127,537, than in 2000. The teen birth rate for Michigan in 2006 was 33.8 per 1,000 females ages 15-19, resulting in 12,322 births. Teen births in Michigan increased 4% from 2005, but decreased 43% since 1991. In 2006, the national pregnancy rate for teens increased for the first time in 14 years. Nationally, the U.S. teen rate was 41.9 per 1,000 in 2006. Mississippi had the highest teen birth rate, and Michigan was number 35 out of 51. Teen births can result in higher infant mortality rates and inadequate prenatal care when compared to older adults.

## ***Abortion***

The percentage of Michigan abortions for females under 20 years of age was 18.5% in 2007, 4,437 out of a total of 24,683 abortions. In Michigan, the percentage of abortions for teens has decreased since 1980. Of the abortions occurring for teens in 2007, 98.8% were not married and the source of payment was self-pay, 98.4%. Over 90% of all Michigan abortions occur in the first trimester. Nationally, abortion rates for teens dropped by one-half from 1990 through 2005, from 40.3 to 19.4 per 1,000, and 17% of all abortions were to teens in 2005.

## Rape/Sexual Assault

In 2006, the number of rape victims in Michigan within the age range of 10-14 was 1,284 or 24% of the total. Fifteen to 19 year olds were 31.29% or 1,673 of the total victims. In Michigan, the age range of 10-19 year olds represents over 50% of all rape victims. Nationally, the federal government estimates that 60% of rapes/sexual assaults are not reported. Nationally, 29% of victims are between 12-17 years of age and 15% are under age 12.

## Contraception

A teen who is sexually active and does not use contraceptives has a 90% chance of becoming pregnant within a year. Teenage women (ages 15-19) are twice as likely to become teen mothers when they do not use contraception during their first time engaging in intercourse as opposed to teenage women who use a form of contraception. Of the Michigan students who had sexual intercourse during the past three months, 73% of males and 58% of female high school students reported using a condom during their last sexual intercourse, compared to 68.5% of males and 54.9% of females nationally. Additionally, the Michigan Family Planning program served 33,650 teens in 2008 of the 123,110 total family planning users and 32,610 of those teens were female and 1,040 were males.

## STDs/STIs/HIV/AIDS

Nationally, while teens and young adults represent only 25% of the sexually active population, 15-24 year olds make up nearly half of all STI diagnoses each year. In 2007, the Michigan Department of Community Health (MDCH) reported 46% (14,588) of chlamydia cases were females between 0-19 years. In 2007, 43% (4,329) of the cases of gonorrhea were females between 0-19 years.

In 2006, the Epidemiologic Profile of HIV/AIDS in Michigan estimated that 2,460 people are currently living in Michigan with HIV/AIDS. Between 2002 and 2006 the rate of new HIV diagnoses increased among teens and young adults who were 13-24 years of age at HIV diagnosis, and among persons in their forties.

## EDUCATION

### Testing

A recent University of Wisconsin study stated that females now perform as well as males on standardized tests, including math. In Michigan, females scored 53.3% compared to males (51.3%) on the high school math MEAP test. However, data from college entrance exams compiled in "The ACT Report – The Graduating Class of 2007 Michigan", reveals that females scored higher in English and reading while males scored higher in math and science.

The ACT also reports benchmark scores which are the minimum ACT test scores needed to have a 75% chance of obtaining a C or higher in the corresponding college courses. The scores were empirically derived based on the actual performance of students in college. The following table shows the percent of students meeting college readiness benchmark scores by gender:

The ACT High School Profile for Michigan in 2007 shows that females were 51% of regular high school diploma recipients, 36% of GED recipients, and 48% of other high school completers. Michigan Center for Educational Performance data (CEPI) for the Class of 2007 indicates graduation rates of 71% for males and 80% for females.

### Graduation and Dropout

A 2007 study by the National Women's Law Center states that approximately 1,000 high school students will drop out with each hour that passes in a school day. In Michigan, ranked 32 of 43 states measured in the study, 29 of every 100 females in high school will not graduate with a regular high school diploma in the standard, four-year time period. While females in each racial and ethnic group fare better than their male peers of the same race or ethnicity, Black, Hispanic, and Native American/Alaskan Native female students graduate at significantly lower rates than White and Asian/Pacific islander females. In 2007, according to Kids Count, the high school drop out rate for all Michigan teens was 5%.

Student Group	Gender	Number	Percent	English	Math	Reading	Science	Composite
Michigan	Males	33,678	43	20.3	22.1	21.6	22.2	21.7
	<b>Females</b>	<b>40,100</b>	<b>51</b>	<b>21.0</b>	<b>20.6</b>	<b>22.0</b>	<b>21.2</b>	<b>21.3</b>
	Missing	4,357	6	21.2	21.8	22.3	22.0	21.9
National	Males	544,522	42	20.2	21.6	21.2	21.4	21.2
	<b>Females</b>	<b>674,636</b>	<b>52</b>	<b>21.0</b>	<b>20.4</b>	<b>21.6</b>	<b>20.5</b>	<b>21.0</b>
	Missing	81,441	6	21.7	21.9	22.4	21.7	22.1

Student Group	Gender	English	Math	Reading	Science	Meet All Four
Michigan	Males	68	52	54	38	30
	<b>Females</b>	<b>72</b>	<b>40</b>	<b>57</b>	<b>28</b>	<b>22</b>
National	Males	66	47	51	32	26
	<b>Females</b>	<b>71</b>	<b>38</b>	<b>53</b>	<b>24</b>	<b>20</b>



## Careers

Students enrolled in High School Career and Technical Education programs acquire skills that prepare them for successful career entry, advancement and/or continuing education. These skills are transferable as well as job specific. Non-traditional careers for females have the potential for higher life-time earnings. In 2006-7, 123,106 students participated in Career and Technical Education (CTE) programs. Forty-three percent, or 53,422, were female. Of these girls, 45,510 (85%), chose career areas that are considered traditional for females, such as health care, child care, business, marketing, or cosmetology.

Only 7,912 (15%) of female students selected a program in an area considered non-traditional for their gender. The female students who chose to enroll in non-traditional career areas were distributed as follows:

- Agriscience and Natural Resources: 35%
- Drafting and Construction: 18%
- Information Technology: 8%
- Law Enforcement: 8%
- Manufacturing: 3%
- Transportation: 7%

## Unemployment

According to Kids Count, 7% of Michigan's teens, male and female, are not attending school and not working.

## College Enrollment

Females enroll in college at a slightly higher rate than males. National statistics (U.S. Department of Education, National Center for Educational Statistics) reveal that in fall 2006, females were 54.9% of the first year enrollments. Females were enrolled in liberal arts programs at the rate of 63.6%, nursing programs at the rate of 87.9%, and business administration at 64.1%. Females were enrolled in engineering technology at 10.0% and in computer systems networking and telecommunications at the rate of 17.3 %.

According to National Center for Educational Statistics data for fall, 2006 (the most recent available,) females made up 51.7% (53,690) of the undergraduate students enrolled in Michigan four-year institutions. Major fields of study varied. Females made up 51.5% of students in business management and administrative services. They were 49.4% of the enrollment in mathematics. Females made up 59.4% of the students in biological and life sciences. Females dominated the field of education, making up 72.5% of enrolled students. Females were less well represented in physical sciences, accounting for 39% of enrollments. In engineering, females made up only 18.5% of undergraduate enrollment.

## Michigan 2007 Graduation/Dropout Information

Male							
Subgroup	2007 Cohort Total	On-Track Graduated	Dropout (Reported & MER)	Off-Track Graduated	Off-Track Continuing	Other Completer	Graduation Rate
All Students	71930	51111	12668	127	7215	809	71.06%
AI/AN	674	404	150	< 10	101	17	59.94%
Asian	1533	1256	187	< 10	75	14	81.93%
Black	14555	7039	4878	< 10	2516	113	48.36%
H/PI	78	54	17	0	< 10	< 10	69.23%
White	52191	40796	6532	104	4143	616	78.17%
Hispanic	2571	1345	836	11	348	31	52.31%
Multiracial	328	217	68	0	30	13	66.16%

Female							
Subgroup	2007 Cohort Total	On-Track Graduated	Dropout (Reported & MER)	Off-Track Graduated	Off-Track Continuing	Other Completer	Graduation Rate
All Students	68423	54789	8517	91	4580	446	80.07%
AI/AN	674	488	106	< 10	70	< 10	72.40%
Asian	1383	1229	99	0	47	< 10	88.86%
Black	14011	9083	3206	< 10	1656	57	64.83%
H/PI	133	110	10	0	10	< 10	82.71%
White	49392	42051	4428	73	2516	324	85.14%
Hispanic	2460	1563	617	< 10	241	34	63.54%
Multiracial	370	265	51	< 10	40	13	71.62%

## MICHIGAN WOMEN'S COMMISSION'S RECOMMENDATIONS

### General Health Recommendations for Action:

- 1) Share data on critical health objectives on the state and community level, to assist in community efforts to improve adolescent health.
- 2) Encourage Michigan communities to study adolescent health issues in their community, and create a community adolescent health profile.
- 3) Based on community concerns, leadership and resources, prioritize critical health objectives.
- 4) Ensure adolescents are included in community collaborations developed to address adolescent health issues.
- 5) Increase the availability of effective services and programs for at-risk female youth.
- 6) Require that schools teach health and physical education at all grade levels.
- 7) Support implementation of school-based prevention programs, including alcohol- or other drug use prevention, nutrition and dietary counseling services, physical activity and fitness counseling services, suicide prevention services, tobacco-use prevention services and violence prevention services.
- 8) Increase the number and use of child and adolescent health centers.

### Reproductive Health Recommendations for Action:

- 1) Expand on and strengthen effective, age-appropriate, comprehensive prevention programs for adolescents in school and community settings by the *MI Teen Pregnancy Prevention Initiative*.
- 2) Support programs such as *Talk Early, & Talk Often*, which encourage parent-child communication on sexual decision making, abstinence, and teenage relationships.
- 3) Focus on enhancing the education of youth in regards to HIV testing, chlamydia and gonorrhea screening, and treatment programs for at risk youth. The Departments of Community Health and Education will assist in implementing PA 121 of 2008 that requires parents of pupils in at least grades 6, 9 and 12 to receive information about the vaccine.
- 4) Support child and adolescent health centers so more health services are available to teens.
- 5) Support the state's family planning program and expand access to teens throughout the state.
- 6) Support the newly formed statewide organization to address teen pregnancy, Michigan Organization on Adolescent Sexual Health (MOASH).

### Education Recommendations for Action:

- 1) Encourage government entities (state departments and agencies, schools, etc.) and other private organizations, to collect data by gender and ethnicity and use the information to focus programs.
- 2) Require schools to perform exit interviews when students leave high school (dropouts and others).
- 3) Provide appropriate counseling, both academic and personal, to females in grades 8 – 12.
- 4) Start programs at the elementary level that will continue through the twelfth grade that encourage parent involvement in their children's education.
- 5) Partner with area colleges and trade schools in programs to encourage females to explore the array of career opportunities available to them.
- 6) Start programs at the elementary level through high school to encourage females to study mathematics and science.
- 7) Promote mentoring programs.
- 8) Provide schools with the resources they need so they afford to give females the educational experiences they need to succeed.
- 9) Encourage and monitor enrollment in career education for non-traditional fields for females.

More information and sources are available at [www.michigan.gov/mdcr](http://www.michigan.gov/mdcr).

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